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## Application Number Filing Date 10/67/447 **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** Applicant(s) Substitute for Form PTO-1360 (For use with Form PTO/SB/06) May be used for additional claims or amendments CLAIMS AS FILED AFTER FIRST AFTER SECOND AMENDMENT AMENDMENT Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Ž · 98 Total Total Indep Indep Total Total Depend Depend Total Total

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Claims

Claims